

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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2011 MAR 24 PM 4:29
SLO PERSONAL
HUMAN RESOURCE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
O'TOOLE DAVID JOSEPH

1. Office, Agency, or Court

Agency Name: STATE CONTROLLER'S OFFICE
Division, Board, Department, District, if applicable: POLICY
Your Position: DIRECTOR

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHMENT Position:

2. Jurisdiction of Office (Check at least one box)

☒ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010. -or-
The period covered is through December 31, 2010.
☐ Assuming Office: Date
☐ Leaving Office: Date Left
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is through the date of leaving office.
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: 3

☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)

300 CAPITOL MALL, SUITE 1850, SACRAMENTO, CA 95822
CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

(916) 445-2636

E-MAIL ADDRESS

DOTOOLE@SCO.CA.GOV

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed March 24, 2011
(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME <u>Moxie Communications Consulting</u>	
ADDRESS (Business Address Acceptable) <u>P.O. Box 189319, SAC, CA 95816</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>FREELANCE WRITING</u>	
YOUR BUSINESS POSITION <u>COMMUNICATIONS SPECIALIST</u>	
GROSS INCOME RECEIVED	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
<input type="checkbox"/> Salary	<input checked="" type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sale of _____ (Property, car, boat, etc.)	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	
<input type="checkbox"/> Other _____ (Describe)	

1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME <u>RETROSPECTIVUS</u>	
ADDRESS (Business Address Acceptable) <u>P.O. Box 189319, SAC, CA 95816</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>PERSONAL HISTORIAN SERVICES</u>	
YOUR BUSINESS POSITION <u>PERSONAL HISTORIAN</u>	
GROSS INCOME RECEIVED	
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
<input type="checkbox"/> Salary	<input checked="" type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sale of _____ (Property, car, boat, etc.)	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	
<input type="checkbox"/> Other _____ (Describe)	

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD:
<input type="checkbox"/> \$500 - \$1,000
<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> OVER \$100,000

INTEREST RATE	TERM (Months/Years)
_____ % <input type="checkbox"/> None	_____
SECURITY FOR LOAN	
<input type="checkbox"/> None	<input type="checkbox"/> Personal residence
<input type="checkbox"/> Real Property	_____
	Street address
	City
<input type="checkbox"/> Guarantor	_____
<input type="checkbox"/> Other	_____
	(Describe)

Comments: _____

ATTACHMENT

March 24, 2011

California Form 700

From: Dave O'Toole

To: Fair Political Practices Commission

I represent the State Controller as a voting member of the following boards, commissions, and authorities:

California Public Works Board

California Health Facilities Financing Authority

California Educational Facilities Financing Authority

California Debt Limit Allocation Committee

California Industrial Development Financing Advisory Commission

California Pollution Control Financing Authority

Pooled Money Investment Board

Commission on State Mandates